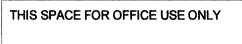


## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org





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TATEL OF CAMPOULA

## **LOBBYIST REGISTRATION FORM**

	(Type or F	Print Clearly)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Botti	Richard	C.	808-533-6750	
MAILING ADDRESS (Street)			FAX	
P.O. Box 1778			599-2606	
(City)	(State)	(Zip	Code)	
Kailua,	Hawaii	96734	l .	
EMPLOYING ORGANIZATION (Fill in	n only if you are employed by a business e	entity which has been retained to lobby)	TELEPHONE	Armon baras
MAILING ADDRESS (Street)			FAX	
(City)	(State)	(Zip	Code)	

PART II ORGANIZATION		
HAWAII MEDICAL ASSOC	CIATION	TELEPHONE <b>536-7702</b>
MAILING ADDRESS (Street)		FAX <b>528-2376</b>
1360 N. Beretania St., Suit	te 201	
(City) Honolulu,	(State) <b>Hawaii</b>	(Zip Code) <b>96814</b>
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STA	TELEPHONE 536-7702
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STA	TELEPHONE 536-7702
		TELEPHONE <b>536-7702</b> FAX <b>528-2376</b>
Paula Arcena MAILING ADDRESS (Street)		

PAR'	III DESCRIPTION	OF SI	JBJECTS UPON WHIC	H YO	J EXPECT TO LOBBY		
[]	Agriculture	[X]	Education	(X)	Human Services	[X]	Science, Technology &
[X]	Communications &	[X]	Government Operations & Finance	[X]	Intergovernmental Relations,		Economic Development  Tourism & Recreation
[X]	Public Utilities  Consumer Protection	[ ]	Hawaiian Affairs	[X]	International Affairs  Labor & Employment	11	Transportation
[]	& Commerce Culture, Arts, Historic Preservation	[X]	Health	[X]	Planning, Land & Water	[]	Other: (indicate below)
[ <b>X</b> ]	Ecology, Energy Environmental Protection	[ ]	Housing	[X]	Use Management  Public Safety & Corrections		
				·····			
PAR	TIV CERTIFICATION	ON OF	LOBBYIST				
				is. to	the best of my knowledg	ie. corre	ct and complete.
			12-01	<u>L</u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		2-2003
	(XIIII		-12087	<u></u>		<u> </u>	x 2005
	y and		(Signature of Lobbyist)				(Date)
		***************************************					
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NAM		ON TO	LOBBY		LE OF AUTHORIZING OFFI	CER OR	
NAM		ON TO	LOBBY		LE OF AUTHORIZING OFFI	CER OR	
NAME Pau	a Arcena					CER OR	PERSON REPRESENTED
Pau NAMI	E Arcena OF ORGANIZATION (if a	applicable	e)				PERSON REPRESENTED
Pau NAMI	a Arcena	applicable	e)			TELEPH	PERSON REPRESENTED
Pau NAMI Haw	E Arcena OF ORGANIZATION (if a	applicable	e)			TELEPH	PERSON REPRESENTED
Pau NAMI Haw	a Arcena OF ORGANIZATION (if a	applicable	e) ( <b>HMA)</b>			TELEPH( <b>536-77</b>	PERSON REPRESENTED  ONE  102
Pau NAMI Haw	a Arcena OF ORGANIZATION (if a raii Medical Associ	applicable	e) ( <b>HMA)</b>		xecutive Director	TELEPHO 536-77 FAX 528-23 ode)	PERSON REPRESENTED  ONE  102
NAME Pau NAME Haw MAIL 136	a Arcena OF ORGANIZATION (if a Tail Medical Associ NG ADDRESS (Street) N. Beretania St., (	applicable	e) ( <b>HMA)</b> 201		xecutive Director	TELEPHO 536-77 FAX 528-23	PERSON REPRESENTED  ONE  102
NAME Pau NAME Haw MAIL 136	la Arcena E OF ORGANIZATION (if a raii Medical Associ NG ADDRESS (Street) O N. Beretania St., ( (City) Honolulu,	applicable ation (	e) [HMA] 201 (State) Hawaii	E	xecutive Director  (Zip C	TELEPHO 536-77 FAX 528-23 ode) 6814	PERSON REPRESENTED  ONE  702
NAME Pau NAME Haw MAIL 136	la Arcena E OF ORGANIZATION (if a raii Medical Associ NG ADDRESS (Street) O N. Beretania St., ( (City) Honolulu,	applicable ation (	e) [HMA] 201 (State) Hawaii	E	xecutive Director	TELEPHO 536-77 FAX 528-23 ode) 6814	PERSON REPRESENTED  ONE  702